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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional)		
<b>Claims as Filed - Part 1</b>								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	
(A)	Total Claims (37 CFR 1.16(j))	(B)	**** =	x \$ _____ =		or	x \$ _____ =	
(C)	Independent claims (37 CFR 1.16(i))	(D)	* =	x \$ _____ =			x \$ _____ =	
Basic Fee (37 CFR 1.16(h))				\$ _____				\$ _____
Total Filing Fee				\$ _____			\$ _____	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
Total Additional Fee						\$ _____		\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center; margin-top: 20px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 30px;"> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">Signature of Applicant, Attorney or Agent of Record</p> <p style="text-align: center; margin-top: 20px;">_____ Typed or printed name</p> </div> </div>								